

**DELTA THETA CHI SORORITY  
REINSTATEMENT OF MEMBERSHIP**

FULL NAME OF CHAPTER \_\_\_\_\_ PROVINCE \_\_\_\_\_

1. Name of former member to reinstate: \_\_\_\_\_ Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

2. Name of Original Chapter: \_\_\_\_\_  
Province \_\_\_\_\_

3. Name of Big Sister: \_\_\_\_\_

4. Approximate date of resignation: \_\_\_\_\_

5. Were you initiated? \_\_\_\_\_

If not, how much did you pay on contract? \_\_\_\_\_

6. Do you have a Delta Theta Chi Badge? \_\_\_\_\_

If so, which Badge? \_\_\_\_\_

7. Reinstatement fee of \$ \_\_\_\_\_ paid to chapter on \_\_\_\_\_ (Date) to be paid to National Office (see below)

8. Current National Dues of \$ \_\_\_\_\_ paid to chapter on \_\_\_\_\_ (Date) to be paid to National Office (see below)

(National dues are prorated in accordance with ARTICLE V, Section 2 of our National Constitution and Bylaws)

\_\_\_\_\_  
Reinstated Member Signature

Our Chapter voted to accept the reinstatement of this former member on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Chapter President

\_\_\_\_\_  
Signature of Chapter Treasurer  
President

\_\_\_\_\_  
Signature of Chapter Vice  
President

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**Please make check payable to: DELTA THETA CHI SORORITY, and mail the original of this form immediately with the check (for both National Dues and Reinstatement Fee) to:**

**Cindi Cook  
The National Office  
2614 S Lulu Ave  
Wichita, KS 67216-1234**

**Mail one copy of this form to your Province Treasurer with Province dues, and retain one copy in your chapter files.**